



Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Bryson Gordon et al.

Application No. 09/965,562

Filed: 09/25/2001

For: SYSTEM AND METHOD FOR CERTIFYING  
THAT DATA RECEIVED OVER A  
COMPUTER NETWORK HAS BEEN  
CHECKED FOR VIRUSES

Examiner: Unassigned

Art Unit: 1408

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NOV 11 2002

Date: October 18, 2002

Technology Center 2100

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Erica L. Farlow

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents

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Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the correspondence address from "26514, RITTER, LANG & KAPLAN, 12930 SARATOGA AE. SUITE D1, SARATOGA, CA 95070" to --28875, SILICON VALLEY IP GROUP, LLC, P.O. BOX 721120, SAN JOSE, CA 95172-1120--.

Change the attorney docket number from "NETAP017" to --NAI1P140/01.131.01--.

The Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1351 (Order No. NAI1P140/01.131.01).

Respectfully submitted,  
Silicon Valley IP Group, LLC

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Attorney Docket No. NAI1P140/01.131.01



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
✓ 09/965,562	✓ 09/25/2001	2131	1408	NETAP017 NA11P140/01.131.5	8	41	7

CONFIRMATION NO. 3082

CORRECTED FILING RECEIPT



\*OC00000007380339\*

26541 28875  
 RITTER, LANG & KAPLAN Silicon Valley PC Group, LLC.  
 12930 SARATOGA AVE. SUITE D4 P.O. BOX 72120 RITTELL LLP  
 SARATOGA, CA 95070 San Jose, CA FEB 04 2002

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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RECEIVED RITTER, LANG &amp; KAPLAN LLP

NOV 12 2002

FEB 04 2002

Domestic Priority data as claimed by applicant

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Foreign Applications

If Required, Foreign Filing License Granted 10/22/2001

✓ Projected Publication Date: Request for Non-Publication Acknowledged

✓ Non-Publication Request: Yes

✓ Early Publication Request: No

## Title

✓ System and method for certifying that data received over a computer network has been checked for viruses

Preliminary Class

713

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Bib Data Sheet

CONFIRMATION NO. 3082

<b>SERIAL NUMBER</b> 09/965,562	<b>FILING DATE</b> 09/25/2001 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> NAI1P140/01.131.01	
<b>APPLICANTS</b> Bryson Gordon, Campbell, CA; Gary Zandstra, San Jose, CA; Ravi Kannan, Chennai, INDIA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/22/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 28875					
<b>TITLE</b> System and method for certifying that data received over a computer network has been checked for viruses					
<b>FILING FEE RECEIVED</b> 1408	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		